



# EMPLOYMENT APPLICATION for SUBSTITUTE HANDICAPPED CHILDREN'S ASSISTANT

Dept. of Employee Relations  
Room 706, City Hall  
200 E. Wells St.  
Milwaukee, WI 53202-3554  
(414) 286-3751  
TDD (414) 286-2960  
[www.milwaukee.gov/jobs](http://www.milwaukee.gov/jobs)

## INSTRUCTIONS TO APPLICANT:

1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. Staple together all pages of your application before submitting.
4. DATE and SIGN on page 2.
5. Keep a copy of completed application materials for your files.

<b>Name</b> _____ Last First M.I.	Do you currently live in the city of Milwaukee? <input type="checkbox"/> Yes. When did you become a resident? (month/year) _____ <input type="checkbox"/> No
<b>Address</b> _____ Apt. # _____	<b>NOTE:</b> City employees must live in the City. Residency proof will be required as stated under qualifications for the position applied for.
<b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____	List any other names by which you have been known on official records: _____
<b>Email:</b> _____	
<b>Day phone:</b> ( ) - _____	
<b>Evening phone:</b> ( ) - _____	
<b>Cell phone:</b> ( ) - _____	

Are you 18 years of age or older? ☐ Yes ☐ No If under 18, how old are you? \_\_\_\_\_  
years months

Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:  
\_\_\_\_\_

**Current possession of a valid CNA license is required at time of application.**  
**Please list your CNA license number:** \_\_\_\_\_

**EDUCATION AND TRAINING**

Did you graduate from High School? ☐ Yes ☐ No List highest grade or year completed in school \_\_\_\_\_  
If Yes, Name and Location of High School \_\_\_\_\_  
Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

Training beyond high school (college or university, nursing, business college, military or other training you have received).  
Under credits earned, indicate Q for quarter hours or S for semester hours.

NAME AND LOCATION OF SCHOOL	FULL OR PART TIME	DATES ATTENDED FROM TO MO. YR. MO. YR.	CREDITS EARNED	MAJOR OR FIELDS OF STUDY	TYPE OF DEGREE/DATE COMPLETED
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**OPEN RECORDS/PUBLIC INFORMATION**

The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.

If you do not wish us to reveal your identity, please check the following box: ☐

Are you legally authorized to work permanently for any employer within the United States? Yes ☐ No ☐

There may be a possibility of employment with other organizations. If so, may we refer your name? Yes ☐ No ☐

Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):

If you are CURRENTLY ☐ or were PREVIOUSLY ☐ employed by the City of Milwaukee, list the following:

Position Title \_\_\_\_\_ Employee ID# \_\_\_\_\_

Department \_\_\_\_\_ From (month/yr) to (month/yr) \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING** -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above. NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. I forever waive, release and covenant not to sue any person or organization as a result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality. A copy of this authorization shall be effective as the original.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

## RELATED WORK EXPERIENCE

List below all of your experience and youth activities. Include experience in feeding, toileting and bathing handicapped individuals. Begin with your most recent experience and work back. **DO NOT** list periods of unemployment. Experience driving a school bus or transporting handicapped individuals is not considered to be qualifying experience. *Leaving blank dates of employment or number of hours worked will result in rejection of your application.*

A. Employer \_\_\_\_\_ Your Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Total Months \_\_\_\_\_

Number of hours per week you worked \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Your Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Employer \_\_\_\_\_ Your Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Total Months \_\_\_\_\_

Number of hours per week you worked \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Your Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Employer \_\_\_\_\_ Your Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Total Months \_\_\_\_\_

Number of hours per week you worked \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Your Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Employer \_\_\_\_\_ Your Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Total Months \_\_\_\_\_

Number of hours per week you worked \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Your Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**TESTING ACCOMMODATIONS**

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, what kind of accommodations will you need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The City of Milwaukee reserves the right to request medical documentation to support the need for this accommodation.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.*

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

**The City requires pre-employment drug testing.**

**THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.**

## MILITARY SERVICE

Qualified veterans who obtain passing scores on open competitive examinations may be entitled to have additional points added to their scores. Individuals entitled to veteran's preference points also include disabled veterans, spouses of certain disabled veterans or unremarried spouses of eligible veterans who were killed in action or died of a service-connected disability. Candidates must qualify under Wisconsin state statutes defining veterans for this purpose.

Wisconsin State Statute 230.16(7m)(a) defines a "veteran" as a person who fulfills at least one of the following requirements:

1. Served on active duty in the U.S. armed forces for at least 180 days, not including training.
2. Was discharged from the U.S. armed forces because of a disability incurred during active duty or because of a disability that is later adjudicated by the U.S. department of veterans affairs to have been incurred during active duty.
3. Was honorably discharged from the U.S. armed forces.
4. Is eligible to receive federal veterans benefits.

### Documentation Required

If you are an eligible veteran, you must attach an undeleted copy of your DD-214. Undeleted means that the copy you submit must include the bottom portion that indicates the type of discharge you received. If you have not yet been released from active duty, you may present individual orders or a letter from your commanding officer attesting to honorable service and the dates thereof, instead of the DD-214. If you are the spouse of a disabled wartime veteran whose disability is at least 70%, or if you are the un-remarried spouse of a veteran who was killed in action or died of a service-connected disability, you may be eligible to claim preference points. In addition to the documentation described above, you must also provide documentation of your relationship to the veteran and of the veteran's compensable disability.

Do you claim veteran's preference points based on the criteria listed above?

Yes \_\_\_\_\_ No \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_